

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Honor to Memory of Father Damien

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About the time that this issue of the Weekly Bulletin is in the hands of its readers, the remains of Father Damien shall have arrived in San Francisco from the Hawaiian Islands following recent exhumation. It is understood that proper recognition will be given to Father Damien upon the arrival of his remains which are en route to Belgium, the country of his birth.

It is doubtful that in the history of medicine any greater devotion to lepers has ever been shown than that manifested by Father Damien who virtually laid down his life in their behalf.

This rugged character was born in 1841 near Louvain in Belgium. On his nineteenth birthday his father took him to visit his brother who was then preparing for the priesthood. Young Joseph Damien decided not to return to his home but to enter the priesthood at once. When his brother who desired to be a missionary in the South Seas fell ill with fever and was unable to make the journey, Joseph offered to go in his stead. He disobeyed the order forbidding young priests to send out mail without first submitting correspondence to their superior and surreptitiously wrote a pleading letter offering to place himself in his brother's position. Much to his surprise the offer was accepted and he was sent at once to the islands in the Pacific.

While attending a meeting in the islands, he heard his bishop offering lament that he could not send

anyone to the leper colony at Molokai nor could he even send them the material assistance needed by the lepers in the colony. This was in 1873 and the young priest volunteered to go at once, leaving on a cattle boat the same day. This action would seem to be characteristic of Father Damien. He entered the priesthood without even making farewells to his family and entered upon a life service among the lepers at Molokai without even saying farewell to fellow priests.

The conditions among the 800 lepers in this colony in 1873 were almost indescribable in their horror. Although he entered Molokai as a Catholic priest, he soon found that he must also be physician, teacher, carpenter, painter, gravedigger, and coffinmaker. Eighty per cent of the 800 lepers that he found upon his arrival were desperately ill or at the point of death. Wind storms blew down the crude grass huts occupied by these sick people; Father Damien demanded lumber to replace these miserable shelters as well as proper food for his charges. After struggles with governmental officials and through solicitations from organizations and individuals, he finally obtained the material supplies that were necessary.

He built a chapel with his own hands and finally the crude grass huts developed into 300 houses. He improved the inadequate water supply by running a pipe line from the hills and later built a small reservoir. Medical attendance was almost completely

lacking and the good priest dressed the lesions of the sick, dispensed drugs, and even assisted in minor operations. At the same time he carried on a continual fight for better food and clothing for his charges. He established order in the government of the conglomerous mixture of human beings who were victims of this dread disease. Carpentry was his great hobby and the leisure moments he fashioned door frames, windows, and bathtubs for any who might use them.

Several years after Father Damien's arrival in Molokai, probably about 1878, he first noticed upon his body the signs of leprosy and one day he ascended his pulpit and instead of addressing his congregation as "Brothers" he addressed them as "We lepers." He suffered from the disease for years and finally died April 15, 1889. Upon his arrival at Molokai he lived under a palm tree which he later picked as his burial place. With the moving of the colony some three miles from its original site, the English people subscribed a granite monument for Father Damien's grave. Although the Hawaiian territorial legislature appropriated \$3,000 to care for the grave and nearby church, the spot remained neglected. Exhumation followed and now the bones of this famous martyr in an hermetically sealed casket are about to reach San Francisco aboard an army transport following which they will be taken to Antwerp to be housed in a proper shrine among the people of his native land.

No golden dome shines over Damien's sleep:
A leper's grave upon a leprous strand,
Where hope is dead, and hand must shrink from
hand,
Where cataracts wail toward a moaning deep,
And frowning purple cliffs in mercy keep
All wholesome life at distance, hath God planned
For him who led the saint's heroic band,
And died a shepherd of Christ's exiled sheep.
O'er Damien's dust the broad skies bend for dome,
Stars burn for golden letters, and the sea
Shall roll perpetual anthem round his rest:
For Damien made the charnel-house life's home,
Matched love with death; and Damien's name
shall be
A glorious benediction, world-possest.

—H. D. Rawnsley in *The Samaritans of Molokai*.

Few of the talents that Heaven sows are ever brought to light.—Leon J. Richardson.

Can you account him wise or discreet that would willingly have his health and yet will do nothing that should procure or continue it?"—Robert Burton.

A TRAFFIC OFFICER WRITES ON AUTOMOBILE DEATHS

Lieutenant B. W. Johnston, Traffic Department of the San Diego Police Department, has contributed the following article to Dr. A. M. Lesem, city health officer of San Diego, which represents the police point of view upon this important subject.

"At this time San Diego, California, is in the midst of one of the most extensive campaigns for purpose of safer driving and the reduction of traffic deaths that ever has been attempted here. We are reaching the motorists and nonmotorists alike through radio, press, education, and stricter enforcement of existing laws pertaining to violations, but, what will the result be? We have seen so many campaigns in years past, flourish for a time, with great ado and in a short time perish. I sincerely hope that the time has come with the increased demand from all over the nation at this time for a decreased accident toll that the public will not allow this one to die as in the past.

We have now come to a time when some sort of a start must be made and it is my firm belief, after carefully analyzing the situation in our own city, that it can be reduced only when the constituted authorities will concede the fact that the traffic problem is possibly the greatest problem that any state or municipality has confronting it at the present time and receives the least attention and consideration.

Traffic accidents must be classified as to causes before a program or line of attack can be made, and this attack should be started and aimed at the most serious cause. So, after a study of local conditions, I believe that this will be found to be approximately the same throughout the country. We find that several years ago pedestrian fatalities were in the minority, but as time passes we find that this type of accident has gradually increased from year to year until at the present they hold first place by a large margin, and this lead is constantly increasing, so it is at this point that I feel the start toward accident fatalities should be.

Speed, in excess of that which is safe and proper at the time and under the existing circumstances, places the pedestrian in a very unfavorable position. We have practically abrogated our speed laws in most states, with the result that higher speed and higher powered cars are being produced yearly, with the result that the physical ability to react in emergencies has not kept pace with the vehicle that the operator is driving. Still the speed of the pedestrian remains the same with the result that he is the one who is constantly in jeopardy.

We must concede from all statistics that the primary cause of accidents is due to speed, inasmuch as records will prove that the greatest percentage of accidents where deaths occur take place outside the low speed areas. It is my opinion that as long as high speeds are allowed to remain on our statute books, our death rate will continue to mount, to what heights, we shudder even to think.

We must place the burden of responsibility directly on the shoulders of the motorist. It is up to him to operate his car in such a manner that will not endanger the life and limb of a pedestrian, whose ability to protect himself has not kept pace with that of the instrument of destruction which the motorist has control of. Although realizing the fact that in a great many instances, the pedestrian himself contributes to his own death by taking the chances that he does, does not alter the circumstances, for after all, God gave him the right to live, the same as He did us, and certainly his trivial mistake, or as we may say, his minor traffic violation should not be punishable with death.

I am of the opinion that much can be accomplished by enacting uniform traffic laws which the ordinary person can understand, enforcing them from an educational standpoint as well as from the standpoint of prosecution, and by increasing traffic patrols to keep pace with the increased motor vehicle registrations.

Well policed highways and streets are highly essential and should be done entirely by men who are trained in that particular line of work, in other words, specialists in their line.

Prosecution of traffic violators, from a commercial standpoint, will never decrease the traffic toll. It has been proven beyond a doubt that prosecution for minor offenses does not lessen the number of violations. Many years ago England beheaded her subjects for minor offenses against the Crown, but they found that this procedure did not accomplish their purpose and had to be abandoned. And that is true in our nation today. Our system of prosecution for traffic violation, as well as many other violations of law, has been placed, absolutely, on a commercial basis and as long as this condition exists the desired results will never be attained.

A great deal can be accomplished through education, and it is my opinion that when a strict examination of drivers for physical fitness, compulsory semiannual inspection of motor vehicles for mechanical condition, and to educating the motorist that it should be considered a privilege to be allowed to operate a motor vehicle on the streets and highways, with the penalty of permanently removing the irresponsible driver from the road, that a decrease in pedestrian deaths will result."

VALUE OF EGGS IN THE DIET

Most housekeepers will welcome the approach of the spring season for it brings within reach many of the foods that have been used sparingly during the winter months. Among these important foods are eggs which from now on will be gradually dropping in price as the supply becomes more plentiful.

Extending the use of eggs is indeed fortifying the value of the diet. Eggs are high in phosphorus and iron and so supplement the diet which is quite apt to be low in these elements. It is largely for the iron that physician's recommend the addition of egg yolk

to the diet by the end of the first year and the use of an egg daily thereafter. Such foods are introduced into the young child's diet cautiously, however, as some children take a dislike to new foods and occasionally eggs cause a digestive disturbance. Whether eggs are actually harmful to such individuals, however, can be easily determined by skin tests by the physician.

Eggs are one of the few foods rich in vitamin D, another reason why they are introduced early in the child's diet. While nearly all children now are given cod liver oil or some fish liver oil for its vitamin D as a protection against rickets, the value of egg yolk in this regard is not fully appreciated by all mothers. The fact that egg yolks are rich in vitamin D, however, points to the advisability of using them regularly the year round, especially in the winter season when the days are shorter and the ultra violet rays of the sun are thus less available. Because it is these rays of the sun which activate vitamin D in the skin on exposure out of doors, a liberal use of eggs is recommended during this season when children play out of doors a shorter time.

Eggs have an excellent quality protein and are also rich in vitamin A, that growth factor so essential in the child's diet. The yolk of the egg with its fat, phosphorus, iron and vitamins A and D is more valuable than the white which is principally protein and not so essential when milk is also liberally used.

Those qualities of eggs which make them valuable in child nutrition also recommend them for use in cases of anemia and other wasting illnesses. They have been so used for this purpose long before vitamins were known or their mineral content fully appreciated. Eggs in addition to milk, vegetables and fruits have now been included in that class known as the "protective foods" because they contribute so many of the vitamins and mineral elements essential to health.

In purchasing eggs it is well to know that the color of the shell has no bearing on the nutritive value of the eggs, though markets in many cities claim a higher price for white or brown eggs according to which sentiment prevails in that district. More is being done than ever before to maintain the quality of eggs. Poultry raisers are feeding cod liver oil or making sunlight available to their flock to increase the vitamin D content of the eggs. Eggs are being shipped and handled more carefully and methods of refrigeration are gradually making it possible to maintain the natural freshness of eggs held in storage.—*Connecticut Health Bulletin*.

MORBIDITY**Complete Reports for Following Diseases for Week Ending
February 1, 1936****Chickenpox**

621 cases: Alameda County 3, Alameda 12, Berkeley 16, Hayward 1, Oakland 25, Piedmont 3, Gridley 1, Contra Costa County 6, Pittsburg 2, Crescent City 4, Fresno County 20, Fresno 10, Reedley 2, Eureka 5, El Centro 1, Kern County 15, Corcoran 1, Hanford 4, Los Angeles County 40, Alhambra 1, Azusa 1, Beverly Hills 1, Burbank 2, Covina 1, Glendale 12, Huntington Park 3, Long Beach 7, Los Angeles 66, Montebello 2, Pasadena 4, Pomona 1, Santa Monica 4, South Pasadena 1, Whittier 7, South Gate 6, Bell 3, Mariposa County 1, Orange County 12, Anaheim 2, Santa Ana 13, Placentia 1, Colfax 1, Riverside County 5, Riverside 21, Sacramento 19, Ontario 3, Santa Ana 2, San Diego County 7, Chula Vista 2, San Diego 46, San Francisco 64, San Joaquin County 22, Lodi 2, Manteca 2, Stockton 5, Tracy 1, San Luis Obispo County 3, San Luis Obispo 1, Burlingame 1, Santa Barbara 6, Santa Maria 1, Santa Clara County 3, Los Gatos 1, Palo Alto 6, San Jose 15, Sunnyvale 1, Willow Glen 8, Watsonville 1, Sonoma County 1, Stanislaus County 3, Modesto 3, Tuolumne County 21, Ventura County 11, Santa Paula 1, Ventura 1, Woodland 7, Compton 2.

Diphtheria

45 cases: Berkeley 1, Oakland 2, Fresno County 5, Imperial County 2, Kern County 1, Los Angeles County 2, Los Angeles 5, Ukiah 1, Orange County 2, Placer County 1, Riverside County 2, Riverside 2, Sacramento County 1, Ontario 1, San Diego County 2, San Diego 7, San Mateo County 2, Redwood City 1, Santa Barbara 1, Santa Clara County 1, Los Gatos 1, Yuba City 1, Ventura County 1.

German Measles

196 cases: Alameda County 25, Alameda 1, Albany 2, Berkeley 9, Hayward 1, Oakland 1, Piedmont 1, Contra Costa County 12, Hercules 3, Martinez 1, Pinole 1, Richmond 4, Fresno County 5, Fresno 3, Fortuna 2, Los Angeles County 6, Culver City 1, Inglewood 1, Long Beach 13, Los Angeles 11, Pasadena 5, Santa Monica 1, Whittier 1, South Gate 1, Merced County 1, Monterey County 1, Orange County 4, Santa Ana 32, Tustin 1, Riverside County 4, Riverside 3, Sacramento 2, Ontario 1, San Diego County 1, Chula Vista 3, San Diego 3, San Francisco 26, Stockton 1, Palo Alto 2.

Influenza

135 cases: Alameda 1, Berkeley 10, Oakland 2, Fresno County 2, Imperial County 1, Hanford 5, Los Angeles County 1, Burbank 1, Glendale 3, Long Beach 1, Los Angeles 31, Pasadena 2, South Pasadena 1, South Gate 1, Santa Ana 1, Riverside County 2, San Francisco 23, San Mateo County 1, Hillsborough 1, San Mateo 1, South San Francisco 12, Santa Clara 12, Sunnyvale 13, Dunsmuir 1, Tulare 6.

Malaria

2 cases: Butte County 1, San Francisco 1.

Measles

1297 cases: Albany 12, Berkeley 18, Oakland 70, Piedmont 8, San Leandro 2, Butte County 4, Chico 2, Gridley 2, Colusa County 12, Colusa 2, Pittsburg 5, Richmond 1, Del Norte County 1, Crescent City 1, Fresno County 41, Fresno 23, Humboldt County 1, Imperial County 1, Kern County 47, Los Angeles County 65, Alhambra 2, Azusa 1, Compton 2, Covina 3, Culver City 12, El Monte 2, El Segundo 1, Glendale 2, Huntington Park 1, Inglewood 2, Long Beach 3, Los Angeles 143, Montebello 1, Pasadena 20, Pomona 5, Santa Monica 8, South Pasadena 1, Lynwood 1, South Gate 15, Monterey Park 2, Madera County 1, Madera 1, San Rafael 3, Fort Bragg 62, Monterey County 10, Monterey 3, Salinas 3, Napa County 8, Napa 1, St. Helena 1, Orange County 1, Santa Ana 1, Placentia 2, Placer County 2, Colfax 3, Riverside County 21, Riverside 12, Sacramento 5, Chino 8, San Bernardino 10, Upland 1, San Diego 2, San Francisco 286, San Joaquin County 9, Manteca 9, San Luis Obispo County 1, San Luis Obispo 2, San Mateo County 6, Burlingame 2, Daly City 1, Redwood City 1, San Mateo 1, South San Francisco 6, Belmont 4, Santa Barbara County 9, Lompoc 1, Santa Barbara 4, Santa Maria 3, Santa Clara County 67, Gilroy 11, Los Gatos 16, Mountain View 2, San Jose 2, Sunnyvale 51, Willow Glen 2, Santa Cruz County 10, Santa Cruz 1, Siskiyou County 3, Etna 4, Solano County 1, Benicia 4, Oakdale 4, Sutter County 1, Tehama County 1, Tulare County 1, Tulare 10, Tuolumne County 17, Ventura County 14, Fillmore 5, Yolo County 14, Woodland 5.

Mumps

420 cases: Alameda County 1, Alameda 1, Albany 3, Berkeley 3, Hayward 1, Livermore 1, Oakland 22, Pleasanton 2, Colusa County 2, Colusa 16, Contra Costa County 1, Pinole 1, Pittsburg 1, Fresno County 12, Fresno 3, Eureka 1, Imperial 1, Kern County 23, Los Angeles County 21, Claremont 3, Compton 1, Covina 1, Culver City 1, El Monte 1, El Segundo 1, Glendale 1, Long Beach 29, Los Angeles 39, Monrovia 1, Pasadena 3, Pomona 10, Santa Monica 4, Torrance 4, West Covina 2, Fort Bragg 1, Gustine 1, Merced 1, Monterey County 1, Salinas 1, Orange County 3, Fullerton 3, Santa Ana 12, Tustin 1, Riverside County 17, Beaumont 2, Corona 32, Riverside 16, Sacramento 14, San Benito County 3, San Bernardino County 2, Chino 2, Ontario 3, Upland 2, San Diego County 5, San Diego 4, San

Francisco 3, San Joaquin County 8, Stockton 5, San Luis Obispo County 1, San Luis Obispo 3, Santa Barbara 2, Santa Clara County 2, Sunnyvale 2, Watsonville 4, Siskiyou County 2, Duns-muir 2, Solano County 4, Sonoma County 2, Stanislaus County 1, Patterson 6, Sutter County 1, Tehama County 1, Red Bluff 16, Ventura County 7, Santa Paula 1, Yolo County 1, Davis 3.

Pneumonia (Lobar)

101 cases: Alameda County 1, Oakland 3, Fresno County 1, Fresno 3, Imperial County 9, Kern County 2, Los Angeles County 10, Glendale 1, Hermosa 1, Inglewood 1, Los Angeles 29, Mon-rovia 1, Pasadena 2, Santa Monica 1, Maywood 1, Gardena 1, Orange County 1, Riverside 3, North Sacramento 1, San Ber-nardino County 1, San Francisco 12, San Luis Obispo County 1, Santa Maria 1, Sonoma County 10, Ventura County 4.

Scarlet Fever

423 cases: Alameda 1, Berkeley 3, Oakland 8, Piedmont 2, Chico 1, Colusa County 1, Colusa 2, Contra Costa County 3, Richmond 2, Fresno County 7, Fresno 2, Reedley 1, Eureka 4, Fortuna 1, Imperial County 3, El Centro 1, Holtville 1, Kern County 8, Hanford 2, Los Angeles County 29, Alhambra 7, Burbank 3, Compton 3, Culver City 6, Glendale 3, Inglewood 1, La Verne 1, Long Beach 7, Los Angeles 75, Pasadena 4, Redondo 1, San Fernando 1, Santa Monica 3, Sierra Madre 4, Whittier 2, Torrance 1, Lynwood 1, South Gate 2, Monterey Park 2, Maywood 1, Bell 1, Madera 1, Ukiah 8, Merced County 1, Alturas 5, Nevada City 2, Orange County 5, Huntington Beach 1, Newport Beach 1, Santa Ana 1, Placer County 2, River-side County 3, Corona 1, Sacramento County 2, Sacramento 16, San Bernardino County 8, Ontario 1, San Bernardino 4, San Diego County 5, San Diego 13, San Francisco 79, San Joaquin County 2, Lodi 1, Stockton 9, San Luis Obispo County 1, Paso Robles 1, San Luis Obispo 1, Daly City 1, Santa Barbara 1, Santa Maria 2, Santa Clara County 2, Palo Alto 1, San Jose 2, Santa Cruz County 1, Santa Cruz 1, Siskiyou County 2, Oak-dale 2, Yuba City 1, Tehama County 1, Tulare County 1, Ven-tura County 3, Oxnard 1, Santa Paula 1, Ventura 7, Yolo County 5, Woodland 1, Marysville 2.

Smallpox

17 cases: Contra Costa County 1, Richmond 1, Los Angeles County 2, Monterey County 1, Sacramento 3, Redding 1, California 8.*

Typhoid Fever

11 cases: Imperial County 1, Calexico 1, Kern County 1, La Verne 4, Los Angeles 1, Sacramento 1, San Francisco 1, California 1.*

Whooping Cough

167 cases: Alameda County 1, Alameda 7, Berkeley 2, Oak-land 20, El Cerrito 1, Kern County 9, Kings County 1, Los Angeles County 8, Beverly Hills 2, Compton 7, La Verne 2, Long Beach 8, Los Angeles 16, South Gate 1, Signal Hill 1, Pacific Grove 2, Napa 1, Orange County 9, Riverside County 2, Sacramento 3, San Bernardino 1, San Diego County 1, San Diego 12, San Francisco 22, San Joaquin County 5, Stockton 4, San Luis Obispo County 2, Santa Barbara 3, Santa Maria 4, San Jose 3, Santa Cruz County 1, Redding 1, Modesto 2, Sutter County 2, Fillmore 1.

Meningitis (Epidemic)

6 cases: Long Beach 1, Los Angeles 2, Sacramento 1, Isleton 1, San Benito County 1.

Dysentery (Amoebic)

2 cases: Los Angeles.

Dysentery (Bacillary)

One case: Los Angeles.

Leprosy

One case: Oakland.

Poliomyelitis

One case: El Centro.

Tetanus

One case: Los Angeles County.

Trachoma

7 cases: Montebello 2, Santa Barbara County 2, Santa Maria 3.

Trichinosis

3 cases: Sausalito 1, San Francisco 2.

Undulant Fever

4 cases: Berkeley 1, Glendale 1, Fullerton 1, San Francisco 1.

Coccidioidal Granuloma

5 cases: Kern County.

Septic Sore Throat (Epidemic)

2 cases: San Francisco 1, San Mateo 1.

Rabies (Animal)

21 cases: Calexico 2, Los Angeles County 3, Glendale 2, Los Angeles 10, Redondo 1, Riverside County 2, Riverside 1.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.